Erie St. Clair **LHIN**

Moving Forward Together

Erie St. Clair Local Health Integration Network

Annual Report 2014-15

For the year ending March 31, 2015

Ontario
Local Health Integration Network

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Message from the Board Chair and CEO

As Henry Ford once said, "If everyone is moving forward together, then success takes care of itself." When we look back on 2014-15, what stands out is partnership: people working together and moving forward together to make health care better for the patient.

Numerous examples exist across all counties of the Erie St. Clair region where health care providers have come together to make change. Initiatives such as the creation of CareLink health transportation services, the advancement of Health Links, the opening of a new long-term care home, and the ongoing collaboration in orthopaedic care are just a few examples of care providers working together in a new way. Because we were all "moving forward together," we found significant success in improving access to care and system coordination, shortening wait times, and reducing alternate level of care (ALC) rates.

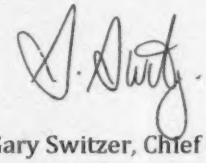
Improving health care is a challenge that never ends. Yet each year, the list of improvements grows, in large part because of the collaboration and willingness of our health care providers to think differently. This results in better care for local residents.

As we move into 2015-16, we will continue to focus on the patient. By seeing the health care system through their eyes, we can gain a better understanding of what is working and where we need to focus our resources to make improvements. The benefit of LHINs is that we are local. We can reach out to our local residents and have honest conversations about their health care experiences and what changes they would suggest. We understand that patients and their families have the first-hand knowledge that we rely on to help us in our health care planning and decision-making. We believe that, through understanding the patient journey and experience, we will able to improve health care in Erie St. Clair.

We encourage you to learn more about your local LHIN and the investments and initiatives that we are working on to improve health care in your backyard.

Sincerely,

Martin Girash, Board Chair



Gary Switzer, Chief Executive Officer

Introduction to the Erie St. Clair LHIN

The ESC LHIN is one of 14 Local Health Integration Networks in Ontario. The LHINs were established in 2006 to manage the planning, integration, performance, and funding of the health care system. This responsibility includes services delivered by:

- hospitals
- long-term care (LTC) homes
- Community Care Access Centres (CCACs)
- community support service (CSS) agencies
- mental health and addictions agencies
- community health centres (CHCs)

Population Health Profile

The health service needs of Erie St. Clair residents are significantly different from those of Ontario as a whole. Compared to the province, Erie St. Clair has:

- a higher proportion of seniors
- a lower proportion of individuals in the 25- to 39-year-old age group
- a significantly higher incidence of overweight and obese individuals
- a slightly higher proportion of individuals with poor lifestyle habits such as smoking, drinking, poor nutrition, and inactivity
- significantly higher rates of chronic conditions such as cardiovascular diseases, cerebrovascular diseases, diabetes, high blood pressure, chronic obstructive pulmonary disease (COPD), and arthritis
- significantly higher rates of hospitalization, and potential years of life lost and death due to higher rates of tumours and circulatory disease

Service Area

The Erie St. Clair LHIN serves approximately 640,000 people in the regions of Chatham-Kent, Sarnia/Lambton, and Windsor/Essex (see Figure 1). Although these regions are independent and each has unique qualities, they also share many commonalities, such as being surrounded on three sides by the Great Lakes. The area's urban-rural mix is economically dependent upon the agricultural, petrochemical, and automotive industries. As well, the region's American neighbours not only influence the local economy and trade, but also affect the use and perception of health care.

Windsor/Essex comprises 62% of the population; Sarnia/Lambton, 20%; and Chatham-Kent, 18%. The population includes immigrants (18.1%), seniors (18.5%; those aged 65+), Francophones (3.3%), and Aboriginal peoples (2.4%).

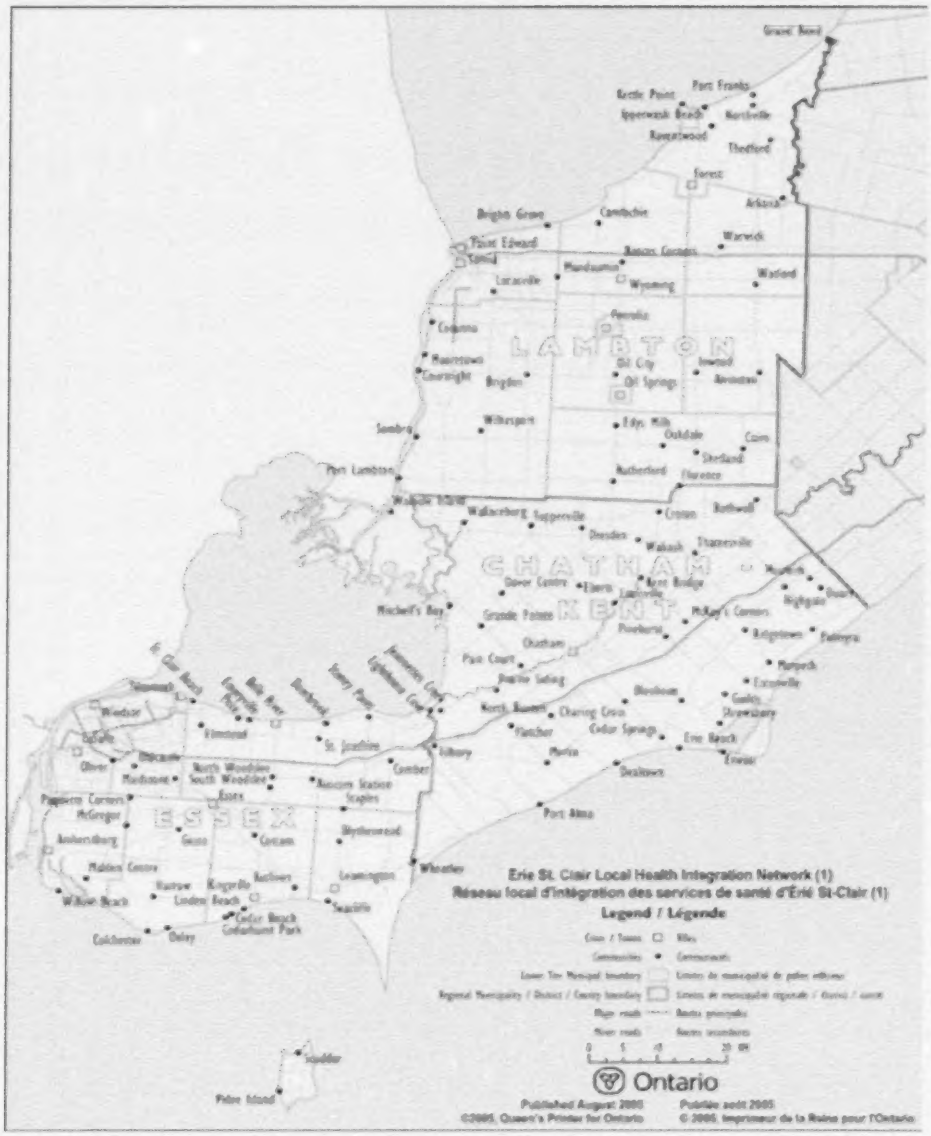


Figure 1: Map of the Erie St. Clair LHIN Region

Ministry and LHIN Initiatives

In alignment with the Ontario government's vision for health (*Patients First: Action Plan for Health Care*) and the ESC LHIN Strategic Plan 2012-15, the Integrated Health Services Plan (IHSP) is the local three-year strategy to improve health care in the region. From the IHSP, the ESC LHIN Annual Business Plan provides the detailed action plans on the initiatives that will be undertaken in the fiscal year.

The 2014-15 Annual Business Plan and the 2013-16 IHSP highlight several key areas for continued improvement, including improved outcomes in:

- emergency departments (EDs)
- alternate level of care (ALC)
- chronic disease management
- mental health and addictions

Additionally, the Annual Business Plan focuses on rehabilitation care, hospice palliative care, Aboriginal health care, and Francophone health care.

The following section outlines the progress and accomplishments made throughout the 2014-15 fiscal year.

Emergency Department Care

The emergency department is often the most-visited area of any hospital. It is a place that must be available when people need it most. It is also a place that must be as efficient and effective as possible, because patient flow through the hospital often begins here. Emergency departments must be able to treat, admit, and discharge patients effectively, so that people will have timely access to care.

Addressing wait times in the ED continues to be an area of priority for the ESC LHIN. There is no single reason why people wait, which means that there is no single way to improve ED wait times. The goal is therefore to minimize the length of time a patient waits from the moment he or she is assessed in triage to the point, if necessary, at which he or she is admitted to a hospital bed. It takes the collaborative efforts of patients, physicians, nurses, clinicians, administrators, and community partners all working together to make improvements step by step.

We continually analyze, make change, measure, and monitor to ensure that wait times are improving. One of the ways we do this is through the province's pay-for-performance program, which uses process-improvement strategies, monitored through key indicators, to improve performance. Simply put, if we know what is working well and what is not, we can focus on the areas in need of greatest improvement and then measure the results.

Areas of focus for ED improvement continue to include:

- shorter wait times
- patient flow, in order to improve wait times. Hospitals are challenged by patients who have a high level of complex needs requiring hospital admission. They are also challenged by people who are waiting for their next destination, or to be placed in an alternate care setting
- individualized discharge plans created in collaboration with community partners and primary care

Key initiatives undertaken in 2014-15 to improve wait times include:

- improving patient flow for high-acuity admitted patients
- pay-for-performance program (as outlined above)
- improving the triage process by increasing the opportunity for physicians performing initial assessments and triaging patients as soon as possible
- providing better support to patients in the community to help avoid admission to the hospital
- making investments in programs such as:
  - the Bluewater Health Withdrawal Management Program. This program has resulted in fewer ED visits related to addictions.
  - the Breathe Well COPD Program. This program has resulted in fewer re-admission/ re-visits to the ED and improved outcomes for patients with chronic diseases.
- developing plans and services to address the high number of mental health-related readmissions
- evaluating lessons learned and past experiences. This has resulted in the consideration of a regional surge program, especially during times of unexpected system pressures, such as influenza season, and other busy times, such as during March Break, winter holidays, peak vacation times, etc.

The ESC LHIN has continued to make investments in community care and programs to ensure that support and care options are available in the community. The ED plays a specific role in our health system, but it is important to ensure that other care options are also available to address non-urgent needs. By focusing on linkages with primary health care, improvements in chronic disease management, and mental health and addictions strategies, the ESC LHIN is investing in care options for times when the ED is not the most appropriate care choice.

Alternate Level of Care

Providing the right care in the most appropriate setting is the goal of all care providers. When patients cannot access the care setting they need, the situation is referred to as ALC: that is, needing an alternate level of care setting that is not available at that time. Being designated ALC essentially means that someone is being provided care in a hospital when he or she would be better served by living out of the hospital and in the community with proper care supports.

By improving ALC, the health care system flows better and cares for patients in a more timely way; ultimately, patients' overall quality of life and health outcomes also improve. Alternate level of care continued to be a key priority for the ESC LHIN in fiscal 2014-15. Improvements in this area have been due in part to:

- managing patient and family expectations through early engagement, education, and ongoing discussions
- helping all health care providers gain a better understanding of how ALC is affecting hospital operations, both in acute and post-acute care
- helping partners have a better understanding of patients' needs, including where the gaps and opportunities are in the system, so that they can better support their patients
- bringing health care providers together to develop a common thinking around discharge and an embrace of the Home First Program, in which patients are supported at home while they are making life or care decisions
- by using consistent messaging and processes, communicating better with patients and families. This will help patients be more comfortable with the decision-making process and better able to make informed care choices.
- the opening of a new 256-bed long-term home in Windsor; this created additional community capacity and allowed for many ALC patients to move into a long-term home of their choice
- an investment by the ESC LHIN in hospital beds, sub-acute care programs, community care, and other programs so that we can better support patients in accessing the most appropriate care for them

Although there is still work to do, the ESC LHIN hospitals are showing improvement in optimizing bed use and are becoming more efficient at flowing patients through acute care, post-acute care, and transitional care. This ensures that, for those patients who need the intensity of resources and services that only a hospital can provide, hospital beds are available in a timely manner.

Our goal is to have all of these initiatives ultimately lead to better flow, shorter wait times, and improved care for residents.

Mental Health and Addictions

Work has continued on implementing the opportunities and strategies identified in the 2012 ESC LHIN Adult Mental Health Strategic Plan. Through the engagement of consumers/survivors and families, and through the collaborative work of community and health care providers, the ESC LHIN has invested extensively in improving local access to mental health and addiction services, both for adults and for youth. While there is still much work to do, the initiatives and investments outlined in Table 1 have helped improve mental health and addictions care in our region.

Table 1: Mental Health and Addictions Investments in the ESC LHIN, 2014-15

Health Service Organization	Program	Description	2014-15 Funding
Hotel-Dieu Grace Healthcare	Transitional Stability Centre	A community-oriented day and outreach program based on voluntary participation by the client. The objective of the centre is to provide support and facilitation for individuals who are seeking assistance in managing their mental health and addiction symptoms.	$900,000
Canadian Mental Health Association (CMHA) Lambton Kent	Rapid Assessment Intervention Treatment Team	A new model of patient care that increases the capacity for mental health assessments and treatment. The program offers a shared-care model with primary health care practitioners. The goal is to assist primary care practitioners with managing their patients better by detecting and treating mental health conditions early.	$438,450

Bluewater Health	Withdrawal Management Outreach Program in Sarnia/Lambton	A client-centred, holistic approach to assist anyone who has an addiction need. The service currently offered has had a positive impact; during the 2014-15 fiscal year, over 250 clients received service. The investment in this program will expand its scope of service and allow more people to access it.	$84,000
CMHA Lambton-Kent	Early Intervention Expansion & Head Space Program/Access	The investment helped to expand this program and enable more youth, teens, and young adults (ages 14 to 35) to access mental health services. The program, which is currently available in Chatham-Kent, expanded to Sarnia/Lambton and Windsor/Essex in 2014-15. Partners include CMHA Lambton-Kent, CMHA Windsor-Essex County Branch, the Chatham-Kent Health Alliance, and local school boards.	$77,500
Westover Residential Treatment Facility	Second Stage Relapse Prevention Program	This program shifted from a pilot program to a core addiction program based at Westover. It is available to clients who have received addiction treatment (residential or outpatient) and are self-identifying as	$40,000

		being at risk for relapse.	
CMHA Lambton Kent	Mental Health Literacy Program	Building upon prior work accomplished by local school boards, this evidence-based program helps increase awareness of healthy mindfulness, and the signs and symptoms of mental illness; as well, the program focuses on reducing the stigma around mental illness.	$30,000
Mental Health Connections	Service integration	Service integration and promotion of greater autonomy for the two consumer/survivor initiatives in Chatham-Kent and Sarnia/Lambton.	$15,800
CMHA Lambton Kent	Aboriginal Wellness Nursing Program	Promotion of a wellness lens for mental health clients receiving long-acting injections, metabolic monitoring, and wellness checks.	$21,750
Hotel Dieu Grace Healthcare	Wellness Nursing Program	Promotion of a wellness lens for long-acting injection clients and concurrent disordered individuals who are accessing drug-replacement therapy (methadone).	$11,000
CMHA Windsor-Essex County Branch	Support for housing coordination	Assistance with locating suitable future supportive housing units for people with a serious mental illness/concurrent disorder and who are	$18,000

		at risk for homelessness.	
House of Sophrosyne	Caring Connections transitional housing	The program provides support for addicted pregnant women/addicted women with young children. One-time funding is required to assist with the initial operations of a transitional group home environment.	$40,000
Bulimia Anorexia Nervosa Association (BANA)	Enable Technology Use (Ontario Telemedicine Network)	BANA is a community mental health agency supporting people with eating disorders. Access to OTN will enable greater service to the rural areas/county.	$1,000
CMHA Windsor-Essex County Branch	IT software needs	IT upgrades, help desk solutions, and workstations.	$292,000
Brentwood Recovery Home	Psychiatry supports	Brentwood Recovery Home has successfully utilized psychiatry to reduce ED visits and relapse. Additional funding will help support high volumes of clients.	$10,000
Hotel-Dieu Grace Healthcare	Mental Health police response unit for Essex County	Expansion of the successful program (also known as COAST) into the county of Essex (includes Leamington and area). This initiative is highly supported and is delivered in partnership with the Ontario Provincial Police (OPP).	$19,000

Family Counseling Centre	Improve access to facility	One-time investment to address access-improvement opportunity.	$1,500
		TOTAL:	**$2,000,000**

In addition to the investments outlined in Table 1, the ESC LHIN is focusing on improving access to care in the addictions sector by creating an Addictions Strategic Plan. The development of this plan includes insights from care providers, those with addictions, family members, and other key stakeholders. Ensuring that there is timely, equitable access to mental health and addictions programs and services in our region is a key priority for the ESC LHIN.

Chronic Disease Prevention and Management

Five percent of people consume 66% of health care spending because of the complexity of their medical conditions; this is true both in Ontario and in Erie St. Clair. Statistics such as these provide clear evidence that we can do a better job delivering more coordinated care. To achieve this goal, in 2014-15 the ESC LHIN focused on improvement through better care coordination, enhanced care quality, and the standardization of evidence-based care pathways.

Compared to the rest of the province, the Erie St. Clair population has higher rates of:

- arthritis
- asthma
- diabetes
- hypertension
- mood disorders
- COPD
- congestive heart failure (CHF)
- heart disease

Of these conditions, the largest proportions of ED visits are associated with arthritis, heart disease, and COPD. To prevent and manage chronic diseases and achieve improved health outcomes, the ESC LHIN is working on the implementation of regional chronic disease and prevention management care pathways and service delivery models. Key initiatives in 2014-15 included:

- advancing ESC LHIN-wide standardized best-practice care paths focusing on COPD, stroke, diabetes, and CHF
- simplifying access to care and making the health care system easier to navigate for patients
- establishing better-defined care roles and accountabilities amongst providers
- improving patient flow and care coordination between providers
- advancing models of care that recognize the needs of individual cultures
- putting greater emphasis on preventing chronic diseases, with an increased focus on modifiable behaviours such as smoking and lifestyle choices

By focusing on prevention and improved chronic disease management, people will live longer and experience a better quality of life, and services will be provided more efficiently.

Community Support Services

The ESC LHIN has remained committed to the philosophy that "home is good medicine," and that people prefer to live in the community as long as possible. The ESC LHIN continues to make investments in community-based care that helps people live healthy and independent lives while being able to access care close to home.

Investments in the community sector continued in the 2014-15 fiscal year, with over $8 million going into community investments, mental health and addictions investments, and the Erie St. Clair CCAC.

The ESC LHIN provided $4,095,200 in base funding in the 2014-15 fiscal year to support the Erie St. Clair CCAC in achieving and maintaining a five-day wait time target for in-home personal support services for clients with complex needs, as well as for additional in-home nursing services. The ESC LHIN also invested $1,987,600 to support the expansion and shift of services from acute care to the community, reduce ALC rates, and reduce hospital readmission/ED visits (see Table 2).

For specific mental health and addictions investments, see pages 8 to 13.

Table 2: 2014-15 Community, Mental Health, and Addictions Investments, and CCAC Funding

Community investments	$ 1,987,600
Mental health and addictions investments	$ 2,000,000
CCAC investments	$ 4,095,200
Total:	**$8,082,800**

Hospice Palliative Care

Erie St. Clair has a long history of excellence in hospice palliative care (HPC) service delivery. Building on this history, there has been substantial new HPC program development, investment, and integration since the ESC LHIN's inception. The Erie St. Clair Hospice Palliative Care Network, in conjunction with the ESC LHIN, released its third strategic plan for Hospice Palliative Care in February 2015.

The ESC LHIN has continued to work with and support the ESC End of Life Care Network (EOLCN; now the ESC Hospice Palliative Care Program/Network) and its members to make improvements in the end-of-life care available to local residents and their loved ones.

Key improvement strategies included:

Hospices

- Both Leamington and Chatham-Kent hospices have completed successful capital campaigns.
- The overwhelming support for the hospice model in these communities has been remarkable.
- It is anticipated that both of these hospices will open in 2015-2016.

- In Chatham-Kent, a partnership between the residential hospice and VON volunteer hospice program will provide services in one location, therefore making it easier for patients and families to access services.
- The Hospice of Windsor and Essex County and Sarnia St. Joseph Hospice continue to provide excellent care in residential beds and in community-based programs.

Windsor Charter Work

- Initiatives are underway to move Windsor/Essex toward being designated an official "Compassionate Community."
- In Sarnia/Lambton and Chatham-Kent, a review is taking place on how to create community hubs, with each of the hospices serving that role for palliative care.

Education

The ESC Hospice Palliative Care Education Subcommittee and Education Collaborative developed an HPC education strategy to assist with coordinating and providing HPC education across the region. Over 1,200 people took part in 42 education initiatives.

Provincial HPC Work

- *Advancing High Quality, High Value Palliative Care In Ontario, A Declaration of Partnership and Commitment to Action* (December 2011) was adopted as a roadmap for enhanced HPC service delivery in Erie St. Clair and across Ontario. Action commitments as articulated in this document have been advanced and the ESC LHIN CEO and Hospice Palliative Care Network have worked at the provincial level to create structures and processes to build a provincial program that can be adapted at the regional level. Additionally, ESC LHIN CEO Gary Switzer is the Co-Chair of the Provincial Hospice Palliative Care Steering Committee.

Hospice Palliative Care Network Changes in the ESC LHIN

- In 2014-15, the ESC LHIN enhanced its Hospice Palliative Care Advisory Council role and membership to align with the provincial mandate as outlined in the *Advancing High Quality* report noted above.

Palliative Care Consultation

- Specialist-level Palliative Care Consultation Teams are available in all three counties in ESC. These teams have been augmented through the introduction of five nurse practitioner positions (funded to the CCAC by the Ministry of Health and Long-Term Care [MOHLTC]).
- These teams, along with specialist physicians and teams from hospices, continue to provide symptom management and support to patients and families in their own homes; together, they visit more than 1,600 patients annually.

Advance Care Planning and Health Care Consent

- Communication and education initiatives were undertaken to raise awareness and understanding about the importance of advance care planning.

The ESC LHIN is committed to delivering the best care possible for residents who have life-limiting illnesses and their families, especially during the extremely important end-of-life stage of care.

Diabetes Regional Coordination Centre Divestment (DRCC)

The ESC LHIN has continued to build on the work of the DRCC, including identifying regional and local service needs for diabetes care in alignment with LHIN and provincial priorities, engaging primary care and other diabetes service providers across the region to promote service coordination and integration, and ensuring uptake on care standards and best practices. This work has also been integrated into the ESC LHIN's Chronic Disease Prevention and Management initiatives as they seek to standardize care pathways, increase access to care, and improve health outcomes.

Rehabilitative Care

In 2012, the ESC LHIN Board of Directors approved a three-year ESC LHIN Rehabilitation System Strategic Plan. A new mission and vision for an integrated and coordinated system of rehabilitative care services was put forward. Initially, the plan targeted three priority rehab populations: stroke, individuals with orthopaedic conditions, and geriatrics.

Over the past year, efforts focused on identifying and strengthening the implementation of best practices across the rehabilitation continuum of care, facilitating appropriate utilization of inpatient rehabilitative care beds, and ensuring access to funded community and outpatient rehabilitative care services. This resulted in the development of cross-continuum care pathways for hip fracture, stroke, and frail/medically complex seniors.

Because of the needs of our area's aging population, work was also done to advance a predictive bedded model to inform system-capacity planning for bedded levels of rehabilitative care in order to accommodate the anticipated increasing service needs for the next 5 to 10 years. As well, a comprehensive rehabilitation system scorecard was developed and refined, providing for system evaluation and identification of improvements and successes.

Currently, the ESC LHIN-wide Rehabilitation Strategic Plan Implementation Committee is actively working on the plan's deliverables. This work is expected to have positive effects on improving patient flow, reducing inpatient hospital stays, and increasing access to rehabilitative care at the right time and in the right place, and on improving functional outcomes and quality of life for patients.

eHealth

Regional Project Management Office (PMO)

The regional PMO has supported the management of 33 projects across the ESC LHIN at both the local and regional levels. The projects have contributed to enhancing the delivery of care across the ESC LHIN by improving patient flow, reducing wait times, and improving clinical services.

connecting South West Ontario (cSWO)

cSWO is a regional ehealth program funded by eHealth Ontario that's making individuals' health information from across the continuum of care available in a timely and secure fashion at any point of care across the four Local Health Integration Networks of Erie St. Clair (ESC), South West (SW), Waterloo Wellington (WW), and Hamilton Niagara Haldimand Brant (HNHB).

This includes an integrated electronic health record (EHR) and a regional clinical viewer integrated to local, regional, and provincial information sources. The program also incorporates a number of related services, such as data support, adoption and change management, project management, privacy management, and policy development.

Four cSWO Change Management & Adoption Delivery Partners are responsible for the deployment of program services by working with participating health service providers to facilitate the business and technical adoption of cSWO Electronic Health Record Program solutions and standards into the regular delivery of care. In Erie St. Clair, this responsibility belongs to TransForm Shared Service Organization (TransForm).

Regional Clinical Viewer

The Regional Clinical Viewer, ClinicalConnect™, is a secure online portal that provides authorized health care professionals with real-time access to their patients' electronic health records, providing a complete view of the patient's clinical journey through the health care system.

By the end of the reporting period, ESC had 12 ClinicalConnect-approved participating organizations including Bluewater Health and the ESC Community Care Access Centre that collectively had over 200 authorized users. TransForm is working on an interface solution that will enable the balance of ESC's Hospital Information Systems to communicate with the software with go-live dates for all expected in 2015.

Hospital Report Manager (HRM) Readiness

Erie St. Clair's Hospital Report Manager (HRM) Readiness/Electronic Medical Record (EMR) Download Project was launched to deliver a local, interim solution for the secure transfer of patients' reports from ESC hospitals directly into their primary care providers' EMR solutions.

The project closed on July 31, 2014, exceeding original targets with 191 physicians connected. TransForm, in partnership with OntarioMD, is now supporting the implementation and adoption of the provincial HRM solution in Erie St. Clair by working with stakeholders on message formatting and security while amassing a waiting list of future clinician users.

Broader in scope, HRM will enable the secure, electronic transfer of patients' hospital reports from any participating facility in Ontario, reducing data entry errors, replacing faxes, saving hours of filing time, and improving the quality and timeliness of care.

Integration

In 2014-15, the ESC LHIN continued to support integration activities through both formal integration processes and informal activities such as increasing collaboration and partnership across the system and amongst health care providers. Numerous examples of increased

collaboration can be found throughout each county of the LHIN. The formal integration outlined in Table 3 was completed in fiscal 2014-15.

Table 3: ESC LHIN Integrations, 2014-15

Date	Organization/HSP	Type	Motion
November 25, 2014 (ESC LHIN Open Board Meeting)	Windsor-Essex Community Health Centre (WE CHC)	Voluntary	"MOTION: Moved by Mike Lowther and seconded by Lindsay Boyd that the ESC LHIN support, as recommended by LHIN staff, the voluntary integration of back office functions between the Chatham-Kent Community Health Centres and Windsor-Essex Community Health Centres for Finance and Human Resources and that the Erie St. Clair LHIN Board take no further action with regard to the integration." *Motion passed.*

Health Links

A Health Link is a formal partnership of health care providers that creates a circle of care around a patient, in order to improve care for those who have the most complex medical needs. These health care providers are therefore accountable to one another, to the system, and to the patient. The goal of a Health Link is to provide comprehensive and coordinated care to those who experience significant health challenges.

In 2014-15, the Erie St. Clair LHIN continued implementing the Chatham-Kent Health Link, focusing on identifying and connecting patients with coordinated care plans. For the Essex County South Shore Health Link, the focus was on preparation and planning to support the implementation of the business case that is pending approval by MOHLTC.

A previous commitment would have seen two Health Links move forward for Lambton County (Sarnia and West Coast). After feedback from MOHLTC, however, a decision was made to create one Health Link. The new Health Link will service Lambton County under a hub-and-spoke model called the Lambton County Lake Huron Health Link. A new readiness assessment was submitted to MOHLTC and approved to go forward to the business-case planning stage as of April 1, 2015. Pending approvals and implementation of the Essex County and Lambton County Lake Huron Health Links, Windsor will then be targeted to move forward with the development of a Health Link. Table 4 outlines the status of Health Links in Erie St. Clair in 2014-15.

Table 4: Health Links in Erie St. Clair: Progress and Successes

Sub-LHIN Area	Status
Chatham-Kent	✓ 138 patients were identified as Chatham-Kent Health Link high users (10 or more ED visits and one or more in-patient admissions) ✓ Of the 138 identified high users, 70 individuals had coordinated care plans developed through the work of three Health Link pilots: ➢ Tilbury Family Health Team pilot ➢ Integrated Care Plan/Health Passport pilot ➢ MediaMed pilot
Essex County South Shore	✓ Physician engagement: In May 2014, Essex County physicians had an opportunity to learn more about the Health Links model and how it can enhance patient care
Lambton County Lake Huron	✓ Physician engagement report ✓ Engagement was undertaken to identify how to best meet the needs of high-user patients ✓ Key findings identified a lack of access to after-hours primary care and moderate mental illness as commonalities among high users of hospital services ✓ Coordinated Care Plan pilot at the Grand Bend Area Community Health Centre implemented

The overall success of Health Links has depended on the engagement of an array of partners from within and outside of health care, all committed to supporting the vulnerable patients identified through the Health Links initiative. We anticipate that, with the full implementation of Health Links across the ESC LHIN, we will achieve an unprecedented level of cooperation and coordination of care planning, which will extend beyond high users and will open better health and wellness opportunities for all residents of Erie St. Clair.

Community Engagement

Community engagement is both a legislated responsibility and a core function of the LHINs. Local decision-making is the model upon which the LHINs are built. LHINs value the input of community members, health care professionals, and stakeholders to inform the LHIN's planning and decision-making processes.

As with past engagement practices within the ESC LHIN, key populations and stakeholder groups were targeted to further develop relationships and meet our overall objectives and responsibilities, as outlined in the *Local Health System Integration Act, 2006* (LHSIA). Key population and stakeholder groups included:

- consumers of the health care system
- the Francophone community

- Aboriginal and Métis communities
- HSPs
- physicians
- allied health care professionals
- public health and social service providers

During 2014-15, there was a considerable focus on engaging patients and their families as part of the development and implementation of Health Links. Health Links embraces a patient-centred approach that encourages participation and feedback occurring throughout the process, including:

- governance — active members of Health Links leadership teams
- business planning — as part of value stream mapping (VSM) events that document the current state and develop a plan for an improved future state
- direct patient care and coordination — collaborative case conferencing, assessments, and interviews
- system-level learning — evaluation of the patient experience and outcomes was shared with LHIN planning teams

Francophone Engagement

The ESC LHIN is committed to improving the health outcomes of the Francophone population in our LHIN and to reducing the barriers that Francophones face in accessing quality health services in French. To achieve these goals, various community engagement and planning initiatives were undertaken by the LHIN in 2014-15, in collaboration with the French Language Health Planning Entity in Erie St. Clair. One key element of this work is the continued support that the LHIN gives to our health service providers in building their capacity to provide services in French.

Key initiatives this year included the following:

- A French Language Liaison Committee, with representation from the Erie St. Clair and South West LHINs and the Erie St. Clair/South West French Language Health Planning Entity, continued its work. This group meets and works on the deliverables from the joint action plan to support better health care services for local Francophone residents.
- Focus groups on immigrant health were held; one table was facilitated in French for the immigrant Francophone population.
- A new requirement vis-à-vis the collection of Aboriginal and language data to better understand local health care needs, as included in the Multi Sector Service Accountability Agreement (M-SAA), was implemented. Specific requirements regarding the implementation and delivery of French-language services were also included.
- *Bonjour Ontario*, a special edition on French-language health services in central/southwest Ontario, was published and distributed to approximately 27,000 households.
- A Francophone focus group for the ESC LHIN's Addictions Strategic Plan was held to better understand the challenges and opportunities experienced by people with an addiction.
- Continued efforts were made to provide support to HSPs to implement French-language services.
- The French Language Services Providers Network continued its work.

- A number of surveys were made available in French to the Francophone population in Erie St. Clair. Survey topics included transportation, addiction services, home and community supports, and patient experience.
- Through the ESC LHIN's website-redevelopment strategy, a renewed focus on revamping our LHIN website in French was undertaken. The French website was made easier to navigate, includes more content, and is more relevant to residents seeking local health care information. Work will continue in this area in 2015-16.

Aboriginal Engagement

Erie St. Clair is home to five First Nations communities and has a significant First Nations and Métis population living within its urban and rural communities. Ensuring that Aboriginal people have access to health care, including culturally safe primary care, is important. To help improve this, the ESC LHIN continues to make new investments, develop new partnerships, and participate in a number of initiatives, including the following:

- A shared Aboriginal Lead position between the ESC LHIN and the Chatham-Kent Community Health Centres (CK CHC) was created. Through this new resource, the ESC LHIN's Aboriginal Lead was able to build relationships and work to develop an action plan to strengthen the relationship between the CK CHC and Walpole Island. This new partnership also helps ensure that the health care needs of the community are being addressed.
- The ESC LHIN/CKCHC Aboriginal Lead also re-engaged the Aboriginal Health Planning Committee. Committee membership includes First Nations community representatives, urban Aboriginal population representatives, other Aboriginal health service stakeholders, and ESC LHIN staff/management. The committee established priorities for the ESC LHIN, including increasing access to primary care, supporting patient navigation, and developing Aboriginal cultural training for local health service providers.
- Working with the Southwest Ontario Aboriginal Health Access Centre (SOAHAC) and the Windsor-Essex CHC, the ESC LHIN supported the hiring of an Aboriginal nurse practitioner who works from the CanAm Indian Friendship Centre to provide primary care in an accessible and trusted community setting. The patient roster grew from zero to 90 patients within the year.
- ESC LHIN staff and Board members took part in Indigenous cultural competency training, hosted by SOAHAC. Following the education sessions, several ESC LHIN staff and board members individually continued their Indigenous cultural competency training by participating in an eight-hour online training course. The course was also made available at no cost to ESC LHIN-funded HSPs.
- The ESC LHIN, in partnership with SOAHAC, held an Aboriginal mental wellness forum, to help foster relationships between mental health service and addictions providers.
- The ESC LHIN Aboriginal Lead continued to support HSPs to implement traditional healing methods in their regular health care practices.

Community-based needs assessments for 2015-16 will become the framework for the ESC LHIN's three-year Aboriginal Health Strategy.

Community Engagement Initiatives

Table 5: ESC LHIN Community-Engagement Initiatives, 2014-15

Initiative	Frequency (times per year)	Format	Content	Outcome(s)
Governance	12	Open/Special Board Meetings	Governance of ESC LHIN and other matters.	Open Board Meetings are an opportunity for the public to learn more about local health care.
	2	Leadership Council — face-to-face meetings	Tri-county councils with governance and administrative representatives from all ESC LHIN-funded health service providers.	Meetings focused on system-level strategic topics.
	2	Leadership Council — governance webinars	A continuation of the momentum and learning from the face-to-face Leadership Council sessions. Focused on governors.	Continued education to enhance decision-making skills and governance effectiveness.
	9	"Open mic" Board Meetings	Members of the public can address the ESC LHIN Board of Directors in an open mic session at each Open Board Meeting.	Relevant issues or questions put before the ESC LHIN Board; direct engagement with community members.
	8	Open Board Meeting highlights	Highlights of information and decisions from Open Board Meetings distributed and posted online.	Increased awareness of Board activities and media coverage of important matters.
Chatham-Kent Community Leaders' Cabinet (CKCLC)	6	Chatham-Kent Community Leaders' Cabinet (CKCLC)	Community leaders signed a formal resolution to work together to achieve better health and quality of life for everyone in Chatham-Kent. ESC LHIN CEO Gary Switzer is a Co-Chair of the Cabinet.	A new by-law, *Smoke-Free Chatham-Kent,* was implemented by Chatham-Kent Municipal Council in October 2014. The Erie St. Clair Regional Data Consortium was initiated; this program provides a venue for collaboration on local research/data and benefits local service providers and community partners.

Initiative	Frequency (times per year)	Format	Content	Outcome(s)
				CKCLC also developed a scorecard and strategic document.
Hospice palliative care/end-of-life care	4	Erie St. Clair Hospice Palliative Care Advisory Council	Identify and recommend ways to improve hospice palliative care, provide advice and recommendations to the LHIN on new programs and initiatives, and strengthen a comprehensive integrated Hospice Palliative Program in Erie St. Clair.	Residential hospices advanced; strategic plan completed and approved.
	2 (4 per year for each of three counties)	Hospice Palliative Care Network	Local engagement to identify service gaps and plan, coordinate, and review local implementation. Enhance collaboration.	Program integration at clinical level. System mapping.
	2	Hospice Palliative Care/End of Life Care Network Education Subcommittee	Integration and delivery of education in Erie St. Clair.	Education gaps identified, prioritized, and addressed.
	45 events with nearly 1,300 individuals involved	Educational events	Topics to address identified gaps, including advance care planning, etc.	Best practices advanced; consistency in messaging; gaps filled and duplication reduced.
Mental health and addictions	6	Leamington District Memorial Hospital and Area — Mental Health & Addiction Coordination and Partnership	Group met to ensure that mental health and addiction services were provided in the county on a partnership and coordinated basis.	Equitable service delivery and access.
	5	ESC LHIN Mental Health and Addictions Network	Responsible for providing high-level strategic counsel to the LHIN to advance system-wide planning, performance oversight for the Leadership Tables, and informed decision-making.	Leadership, monitoring, and oversight of mental health and addiction services, performance, and new funding.
	6	Children and Youth Leadership Table	Group came together to discuss children and	Streamlined transitions in care and

Initiative	Frequency (times per year)	Format	Content	Outcome(s)
		(meetings and focus groups)	youth mental health and addiction services in the ESC LHIN. Membership includes service providers from school boards, mental health/ addictions, Ministry of Children and Youth Services (MCYS), Erie St. Clair CCAC, etc.	strengthened partnerships.
	5	Southwest Corrections and Mental Health Working Group	Brought together professionals from Ministry of Community Safety and Correctional Services (MCSCS), Canadian Mental Health Association, community health centres, and hospitals. This group assisted in planning for mental health needs at the new southwestern corrections facility, the South West Detention Centre.	Working group assisted in the planning for mental health needs at the new South West Detention Centre.
	3	Behavioural Supports Ontario (BSO) Governance Working Group	Assist in rollout of the BSO program.	Planning, data collection, and collaboration around the BSO program.
	4	Community-Based Supports for Caregivers, and Older Adults with Dementia — Working Group	Working group with health service providers to standardize respite and adult day program (ADP) services.	Standardized processes and quality, e.g., embedding nursing into ADP services.
	8	Eating Disorders Windsor Essex Working Group	Eating disorder providers (Windsor Essex Community Health Centre and Bulimia Anorexia Nervosa Association) and bariatric care providers met to discuss the interface between the two services. Meeting focus was on how the services should	The group determined that the key needs locally are for integrated therapeutic interventions, potential shared specialized assessment, and co-led groups.

Initiative	Frequency (times per year)	Format	Content	Outcome(s)
			interface at the point of intake, assessment, shared treatment groups, and follow-up.	
	8	Addictions Strategic Plan Steering Committee	The ESC LHIN met with local addiction service providers to create a strategic plan that will identify priorities and system improvements for the next three years.	Implemented the community engagement initiatives outlined in the Addictions Strategic Plan.
	29	Addictions Strategic Plan — Focus Groups	Through the community engagement work of the ESC LHIN Addictions Strategic Plan, the LHIN met with numerous community partners and consumers. Twenty-nine focus groups were held in all three Erie St. Clair counties with community partners, consumers, and family members of consumers.	Over 225 people were engaged during the focus group process. The feedback helped identify what is working well, as well as areas for improvement in local addiction services. Ultimately, this feedback will help guide the future work of finalizing the Addictions Strategic Plan.
	2,200 hard-copy surveys distributed	Addictions Strategic Plan — Survey	A survey was developed and circulated to the entire Erie St. Clair region, in hard-copy and electronic formats (in both English and French); 2,200 hard-copy surveys were distributed, and the survey was also available to fill in online.	Over 650 survey responses were received. The feedback helped identify what is working well, as well as areas for improvement in local addiction services. Ultimately, this feedback will help guide the future work of finalizing the Addictions Strategic Plan.
	2	Psychiatry Leadership Table	Led by the ESC LHIN Psychiatry Lead, this group is inclusive of the chiefs of psychiatry from the hospitals, as well as community agencies such as CMHA. This group meets quarterly to discuss systemic trends, barriers to care,	The group is still in the early stages of development. To date, it has created partnerships LHIN-wide where none existed before. It has also shared models of care and access mechanisms to

Initiative	Frequency (times per year)	Format	Content	Outcome(s)
			and innovative practices.	improve patient care.
	1	Older Adults Symposium	Symposium brought together long-term care staff and hospital staff to discuss sexuality in seniors, as well as dementia.	Education and tools provided to numerous health service providers.
ED/ALC	10	ESC LHIN Executive Nurse/Clinical Leaders Advisory Council	An opportunity for organizations to share expert advice and leadership, and to support, enable collaboration, share models of care, and promote best practices with respect to quality and performance improvement.	Shared knowledge, lessons learned, and successes achieved.
	12	ALC Performance Working Group (CCAC-led, LHIN Co-Chair)	To promote and support strategies across the ESC LHIN regions that will ensure persons are living in the most appropriate care setting; optimize system capacity and avoid and reduce duplication by integrating sectors.	Developed a system that accurately measures, describes, and monitors the current and ongoing ALC situation within the ESC LHIN.
Aboriginal	1	Windsor/Essex Indigenous Community Engagement	A meeting with local Aboriginal health care professionals and ESC LHIN staff to identify urban Aboriginal and Métis health care needs.	Identified urban Aboriginal and Métis health needs. Information-sharing was aimed at improving healthy lifestyles in the at-risk community.
	6	Local Aboriginal Health Planning Committee	A committee of Erie St. Clair Aboriginal health care providers/ organizations and ESC LHIN staff.	Collaboration between the ESC LHIN and Aboriginal health care providers working toward identification of priority areas, mental health and addictions strategic plan, and development of a regional health care strategic plan.

Initiative	Frequency (times per year)	Format	Content	Outcome(s)
Franco-phone	2	ESC/SW LHIN and French Language Health Planning Entity (FLHPE) Liaison Committee	A forum for collaboration and ongoing dialogue among the FLHPE, the South West LHIN, and the ESC LHIN in order to improve health outcomes for the Francophone population in these regions.	Partners worked collaboratively to improve access to and accessibility of services in French, with a special focus on priority population groups, including people with mental health and addiction issues, people living with a chronic disease, and seniors and adults with complex needs.
	1 focus group	Part of the development of the ESC LHIN newcomer/ immigrant strategy	In collaboration with the Windsor-Essex Local Immigration Partnership, organized and facilitated a discussion on health care needs with Francophone newcomers and immigrants.	Received information and feedback regarding the Francophone newcomer and immigrant experience within the health care system.
	1 focus group with Francophone clients	Part of the engagement work of the Addictions Strategic Plan	Facilitated a discussion on addictions services with Francophone clients.	Better understanding of the needs of Francophone clients with addictions.
	2	ESC LHIN French Language Services Identified and Designated Providers' Network	Health service providers were identified and designated for the provision of services in French, and came together to improve the accessibility of culturally and linguistically appropriate health services for the Francophone population across the LHIN.	Increased knowledge about other health service providers identified and designated to provide French language services (FLS). Introduction of the FLS providers' work plan to be completed. Presentation by the Cité Collégiale in Ottawa on opportunities for local placement of bilingual students.
Rehabili-tation	6	ESC LHIN Rehabilitation Strategic Plan Implementation Committee	Provider and stakeholder-based network providing support for system planning, integration,	Worked toward goals noted in the Rehabilitation Strategic Plan (improved access,

Initiative	Frequency (times per year)	Format	Content	Outcome(s)
			and implementation.	system coordination, effectiveness, and efficiencies).
	8	Stroke, Hip Fracture, Bed Planning, Indicator Group	Group met to speak about planning, improved patient flow, and care management.	Advancement of specific care paths for each population.
	1	ESC LHIN Rehabilitative Care Forum, "Building a LHIN-wide Hip Fracture Care Pathway: Best Practices in Action."	Held May 27, 2014, in Windsor. Ninety health service providers across the care continuum attended. Keynote speaker was Dr. Hans Kreder (Sunnybrook Health Sciences Centre). Education and knowledge building; participant engagement in a facilitated discussion on key system elements in rehabilitative care.	Advanced recommendations on standardization, collaboration, managing care transitions, and consistency of services; discussed need for increased specialized expertise, integration, and adherence to best practices in the care of older adults. Recommendations and information incorporated into ESC LHIN care paths.
Chronic disease and prevention manage-ment (CDPM)	36 (6 working groups met 6 times)	CDPM Business Case Task Groups	Several task groups were formed to compile and write business case proposals.	Over 30 business cases were submitted for community capacity-building requests.
	1	Business case forum	Over 50 stakeholders met for a review of business case status.	Participants reviewed and prioritized the business cases for 2014-15.
	7	Regional Diabetes Education Program (DEP) Network	Working group was established to address diabetes program issues, develop a care path model, and draft terms of reference for the group.	The working group agreed on the terms of reference. A detailed care path was developed including best practices and quality-based procedures (QBPs).
	3	Diabetes 101 in LTC Forums	Over 75 front-line workers and health care providers attended these educational sessions. Three sessions were held, one in each	Participants were educated on diabetes issues within LTC homes.

Initiative	Frequency (times per year)	Format	Content	Outcome(s)
			county of Erie St. Clair.	
	2	Windsor/Essex Smoking Cessation Working Group	A forum attended by 25 community agency participants was held in preparation for developing a business case. Four planning groups (entry, centralized intake assessment and referral, treatment, and maintenance) completed the business case final report.	Future-state care path model was completed along with a business case. A capacity-building report was completed in March 2015.
	5	Chatham-Kent Smoking Cessation Working Group	Working group met to finalize the future-state care path model. Members identified and prioritized operational and resource needs for the care path components.	Future-state care path model was finalized along with operational and resource requirements.
	2	Windsor/Essex Smoking Cessation Focus Groups	Two focus groups were held at the Leamington and Area Family Health Team (6 participants) and City Centre CHC in Windsor (11 participants).	Participants provided input on what is working, and identified gaps in the current smoking-cessation system. The future-state care path model was reviewed and consumers provided feedback.
Primary care	5	Primary Care Council	A network of primary care providers that advise the LHIN on ways to improve integration and coordination within Erie St. Clair's primary health care system. The Council also focused on ways to increase communication within primary health care providers.	Presentations were provided to all family health teams and community health centres across the LHIN on services and new activities aimed at assisting providers in caring for patients. This also allowed for increased communication between primary care

Initiative	Frequency (times per year)	Format	Content	Outcome(s)
				providers and the LHIN.
Quality	3	Quality Council	To provide governance, leadership, and oversight for the quality of health care services to achieve better care, better experiences, and better value for the residents of the Erie St. Clair region.	Council work focused on regional stroke care as their first "Big Dot" indicator. Recommendations were made to the LHIN Board to support components of stroke care work. The Ontario Stroke Network and the LHIN District Stroke Coordinators continue to provide report card updates and identify further areas for support.
Orthopaedic	3	Regional Orthopaedic Steering Committee	Committee work focused on exploring ways to improve access, coordination, and effectiveness of services.	Supplemental funding was prioritized to relieve wait-time pressures.
Health Transport-ation	12	Transportation Advisory Group	Regional ESC LHIN-funded health transportation providers met regularly with the goal of standardization and equitable access to health-related transportation.	Creation and implementation of a centralized health transportation program called CareLink.
Newcomer/ Immigrant Health	6	Focus Group/Patient Engagement event	Over 150 participants attended, including health care providers and representatives from several cultural communities. Community participants were engaged in health care discussions for the culturally diverse population.	Feedback gave an overall picture of the status of health care for this population, from the patient perspective as well as from the perspective of some providers in attendance.

Board of Directors

Name	Position	Location	Tenure
Martin Girash	Chair	Leamington	November 20, 2013–November 19, 2016
Michael (Mike) Hoare	Vice Chair	Grand Bend	May 17, 2011–May 16, 2014 March 22, 2012–May 16, 2014 (OIC as Vice Chair) November 19, 2014–November 18, 2017 (OIC as Vice Chair) (Re-appointment)
Mike Lowther	Director	Chatham	October 6, 2010–October 5, 2013 October 6, 2013–October 5, 2016 (Re-appointment)
Barbara Bjarneson	Director	Windsor	February 9, 2011–February 8, 2014 February 9, 2014–February 8, 2017 (Re-appointment)
Robert (Bob) Bailey	Director	Amherstburg	April 18, 2011–April 17, 2014 April 18, 2014–April 17, 2017 (Re-appointment)
Joseph Bisnaire	Director	Windsor	June 2, 2011–June 1, 2014 June 2, 2014–June 1, 2017 (Re-appointment)
Lindsay (Donald) Boyd	Director	Blenheim	September 8, 2014–September 7, 2017

Ministry-LHIN Performance Agreement (MLPA)

The MLPA sets out the obligations of MOHLTC and the ESC LHIN to fulfill its mandate to plan, integrate, and fund local health care services. Developing and updating this accountability agreement is a collaborative process that defines the relationship between MOHLTC and the ESC LHIN, and helps us strengthen health care in our community (see Table 6).

Table 6: ESC LHIN Report on MLPA Performance Indicators

PI No.	Performance Indicator	LHIN 2014/15 Starting Point (same as 2013/14)	LHIN 2014/15 Performance Target	Most Recent Quarter, 2014/15	LHIN Result, FY 2014/15
The ESC LHIN continues to be a high performer in emergency department (ED) admitted length of stay (LOS), CT scans, cataract surgery, and CCAC wait times. For 30-day readmissions, cancer surgery wait times, ER LOS non-admitted low acuity, and repeat ED visits for mental health and substance abuse issues, the ESC LHIN is performing better than the provincial average. The LHIN has opportunities to improve ER LOS for high-acuity admitted patients, physician initial assessment, time to in-patient bed, ALC, hip and knee replacement wait times, and MRI wait times. Alternative level of care days continue to trend downward in Erie St. Clair, and reducing ALC and improving flow through the hospitals remains a top priority for the ESC LHIN. The Home First strategy continues to be successful, meaning that there are fewer people in our hospital beds					

waiting for long-term care and more patients discharged to home/community with the proper support services. A key emphasis is being placed on 30-day readmission rates and on the development of chronic disease care pathways to further assist with reducing ALC days.

By implementing some of the opportunities in the Mental Health Strategic Plan, the ESC LHIN has made improvements in the area of mental health 30-day re-admissions. For example, the ESC LHIN has supported the collaborative model between the Canadian Mental Health Association (CMHA) Lambton-Kent and the Chatham-Kent Health Alliance. This has resulted in improved access for clients and better health outcomes. Additional mental health investments aimed at helping to reduce readmissions include the Rapid Assessment and Intervention Treatment Teams in Chatham-Kent and Sarnia/Lambton. By partnering with primary care physicians, clients are seen within 72 hours in their homes. This has reduced the likelihood of these clients' conditions increasing in severity and requiring a visit to the ED.

Access to Health Care Services

The ESC LHIN has made substantial gains in improving ED LOS for admitted patients, and at FY 2014/15 year-end was performing second-best in the province. Additionally, the ESC LHIN continues to be one of the best-performing LHINs for CT scans, and still has some work to do in improving MRI wait times.

1	90th percentile ER length of stay for admitted patients	24.18	20.00	25.82	24.37
2	90th percentile ER length of stay for non-admitted complex (CTAS I-III) patients	6.92	6.50	7.02	6.88
3	90th percentile ER length of stay for non-admitted minor uncomplicated (CTAS IV-V) patients	3.85	3.90	3.92	4.00
4	Percent of priority IV cases completed within access target (84 days) for cancer surgery	96.00%	90.00%	95.69%	96.98%
5	Percent of priority IV cases completed within access target (90 days) for cardiac by-pass surgery	NA	NA	NA	NA
6	Percent of priority IV cases completed within access target (182 days) for cataract surgery	100%	90.00%	95.53%	97.10%
7	Percent of priority IV cases completed within access target (182 days) for hip replacement	87.00%	90.00%	87.36%	84.91%
8	Percent of priority IV cases completed within access target (182 days) for knee replacement	85.00%	85.00%	81.20%	78.93%
9	Percent of priority IV cases completed within access target (28 days) for MRI scans	85.00%	90.00%	18.62%	27.31%
10	Percent of priority IV cases completed within access target (28 days) for CT scans	95.00%	90.00%	97.10%	96.17%

Integration and Coordination of Care

Complex discharge reviews being done by hospitals and community agencies are having a positive effect on discharging people home or to another community setting from hospital. To further assist, investments have been made in behavioural supports as well as geriatric mental health

outreach teams (who help place ALC patients from hospital back into appropriate care settings). Additional investments are funding community support services, interim LTC beds, convalescent care beds, complex continuing care beds, and assisted living services. These investments will be further supported through the implementation of key priority areas (i.e., stroke, orthopaedic, and frail/geriatrics) as outlined in the ESC LHIN Rehabilitation Strategic Plan and the Assess and Restore philosophy. The ESC LHIN also has one of the best wait times for CCAC services in the province, which assists in helping seniors to live at home at long as possible.

Additional initiatives that have improved coordination of care include:

- Telemedicine
- Health Links
- CareLink
- FACE program (Fast Access to Community Experts)
- Hospice investments
- Withdrawal management services

11	Percentage of alternate level of care (ALC) days — by LHIN of institution*	15.30%	15.30%	15.81%	18.22%
12	90th percentile wait time for CCAC in-home services — application from community setting to first CCAC service (excluding case management)*	17.00	17.00	15.00	16.00

Quality and Improved Health Outcomes

The ESC LHIN has made substantial gains in substance abuse 30-day revisits. Thirty-day re-admission rates continue to be better than the provincial average.

13	Readmission within 30 days for selected CMGs**	15.56%	12.80%	15.74%	16.28%
14	Repeat unscheduled emergency visits within 30 days for mental health conditions*	19.10%	17.60%	17.79%	17.24%
15	Repeat unscheduled emergency visits within 30 days for substance abuse conditions*	23.20%	22.00%	23.23%	23.50%

**FY 2014/15 is based on most recent four quarters of data (Q4 2013/14–Q3 2014/15) due to availability.*
***FY 2014/15 is based on most recent four quarters of data (Q3 2013/14–Q2 2014/15) due to availability.*

Operational Performance

The ESC LHIN finished the year with a surplus, details of which can be found in our statement of financial activities. Below is a table outlining our funding allocations and operational budget for 2014-15 (see Table 7). For further information, please reference our statement of financial activities.

Table 7: ESC LHIN Funding by Sector

Sector	Funding ($ Million)
Hospital	681.4
Long-term care	211.4
Community Care Access Centres	138.2
Mental health	35.5
Community health centres	31.4
Community support services	21.2
Addictions	10.2
Assisted-living supportive housing	11.5
Acquired brain injury	1.5
LHIN operations	6.4
Total for fiscal 2014-15	**$ 1,148.7 (Billion)**

In 2014-15, the ESC LHIN maintained a staff of 34 employees.

During the year, four individuals served as Professional Leads for the ESC LHIN:

- Dr. Eli Malus, Critical Care Lead
- Dr. David Ng, Emergency Department Lead
- Dr. Martin Lees, Primary Care Lead
- Dr. Tyceer Abouhassan, Endocrinologist Lead

Projects that continue to receive additional funding from MOHLTC include:

- continued support of the French Language Health Planning Entity
- funding for Aboriginal engagement
- continued funding support for the Critical Care, Primary Care, and Emergency Department Leads
- continued support for Alternate Level of Care Resource Matching and Referral Business Technology Information

The Chronic Disease and Prevention Management Team continued to focus on diabetes and was responsible for the Diabetes Regional Coordination Centre deliverables. 2014-15 was the Centre's second year under ESC LHIN management.

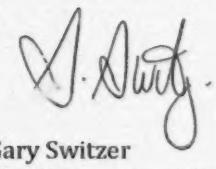
Management Responsibility Report

The management of the ESC LHIN is responsible for preparing the accompanying financial statements in compliance with generally accepted accounting principles. In preparing these financial statements, management selects appropriate accounting policies and uses its judgment and best estimates to report events and transactions as they occur. Management has determined such amounts on a reasonable basis in order to ensure that the financial statements are presented fairly, in all material respects. Financial data included throughout this Annual Report are prepared on a basis consistent with that of the financial statements.

The ESC LHIN maintains a system of internal accounting controls designed to provide reasonable assurance, at a reasonable cost, that assets are safeguarded and that transactions are executed and recorded in accordance with the ESC LHIN's policies for doing business.

The Board of Directors is responsible for ensuring that management fulfills its responsibility for financial reporting and internal control, and is ultimately responsible for reviewing and approving the financial statements. The Board carries out this responsibility principally through its Finance and Audit Committee. The Committee meets approximately four times annually to review audited and unaudited financial information. Deloitte & Touche LLP has full and free access to the Finance and Audit Committee.

Management acknowledges its responsibility to provide financial information that is representative of the ESC LHIN's operations, is consistent and reliable, and is relevant for the informed evaluation of the ESC LHIN's activities.



Gary Switzer
Chief Executive Officer

Brady Birkin
Manager, Corporate Services

May 26, 2015

Financial statements of

Erie St. Clair Local Health Integration Network

March 31, 2015

Erie St. Clair Local Health Integration Network

March 31, 2015

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Deloitte.

Deloitte LLP
5140 Yonge Street
Suite 1700
Toronto ON M2N 6L7
Canada

Tel: 416-601-6150
Fax: 416-601-6151
www.deloitte.ca

Independent Auditor's Report

To the Members of the Board of Directors of the
Erie St. Clair Local Health Integration Network

We have audited the accompanying financial statements of Erie St. Clair Local Health Integration Network, which comprise the statement of financial position as at March 31, 2015, and the statements of operations, change in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained in our audit is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Erie St. Clair Local Health Integration Network as at March 31, 2015 and the results of its operations, changes in its net debt, and its cash flows for the years then ended in accordance with Canadian public sector accounting standards.

Deloitte LLP

Chartered Professional Accountants, Chartered Accountants
Licensed Public Accountants
May 26, 2015

Erie St. Clair Local Health Integration Network

Statement of financial position
as at March 31, 2015

	2015	2014
	$	$
Financial assets		
Cash	**693,831**	835,963
Due from Ministry of Health and Long-Term Care ("MOHLTC") (Note 7)	**5,570,500**	240,400
Accounts receivable	**68,209**	71,105
	6,332,540	1,147,468
Liabilities		
Accounts payable and accrued liabilities	**730,659**	786,005
Due to MOHLTC (Note 10b)	**55,978**	150,645
Due to Health Service Providers ("HSPs") (Note 7)	**5,570,500**	240,400
Due to the LHIN Shared Services Office (Note 3)	**3,702**	291
Deferred capital contributions (Note 4)	**385,949**	518,670
	6,746,788	1,696,011
Net debt	**(414,248)**	(548,543)
Commitments (Note 13)		
Non-financial assets		
Prepaid expenses	**28,299**	29,873
Tangible capital assets (Note 5)	**385,949**	518,670
Accumulated surplus	**-**	-

Approved by the Board

Director

Director

The accompanying notes to the financial statements are an integral part of this financial statement.

Erie St. Clair Local Health Integration Network

Statement of operations
year ended March 31, 2015

	Budget (Note 6)	2015 Actual	2014 Actual
	$	$	$
Revenue			
MOHLTC funding			
HSP transfer payments (Note 7)	**1,084,356,528**	**1,142,748,286**	1,123,759,065
Project Initiatives			
Operations of LHIN	**4,347,972**	**4,325,444**	4,200,602
Emergency Department Lead	**75,000**	**75,000**	75,000
Critical Care Lead	**75,000**	**75,000**	75,000
Primary Care Lead	**75,000**	**75,000**	75,000
French Language Health Planning Entities Fund	**425,500**	**425,533**	425,533
Enabling Technologies for Integration Project Management Office	**510,000**	**510,000**	852,000
Diabetes Regional Coordination	**888,328**	**888,328**	1,013,219
Amortization of deferred capital contributions (Note 4)	-	**163,270**	157,161
	1,090,753,328	**1,149,285,861**	1,130,632,580
Funding repayable to the MOHLTC (Note 10)	-	**(55,978)**	(150,645)
	1,090,753,328	**1,149,229,883**	1,130,481,935
Expenses			
Transfer payments to HSPs (Note 7)	**1,084,356,528**	**1,142,748,286**	1,123,759,065
General and administrative (Note 8)	**4,347,972**	**4,473,320**	4,353,850
Project Initiatives (Note 9)			
Emergency Department Lead	**75,000**	**74,066**	74,433
Critical Care Lead	**75,000**	**75,000**	75,000
Primary Care Lead	**75,000**	**75,000**	75,000
French Language Health Planning Entities Fund	**425,500**	**425,533**	425,533
Diabetes Regional Coordination	**888,328**	**848,678**	867,054
Enabling Technologies for Integration Project Management Office (Note 3)	**510,000**	**510,000**	852,000
	1,090,753,328	**1,149,229,883**	1,130,481,935
Annual surplus and accumulated surplus, end of year	-	-	-

The accompanying notes to the financial statements are an integral part of this financial statement.

Erie St. Clair Local Health Integration Network

Statement of change in net debt
year ended March 31, 2015

	Budget (Note 6)	2015 Actual	2014 Actual
	$	$	$
Annual surplus	-	-	-
Prepaid expenses incurred	-	**(28,299)**	(29,873)
Prepaid expenses used	-	**29,873**	3,882
Acquisition of tangible capital assets	-	**(30,549)**	(339,427)
Amortization of tangible capital assets	**160,000**	**163,270**	157,161
Increase in net debt	**160,000**	**134,295**	(208,257)
Net debt, beginning of year	**(548,543)**	**(548,543)**	(340,286)
Net debt, end of year	**(388,543)**	**(414,248)**	(548,543)

The accompanying notes to the financial statements are an integral part of this financial statement.

Erie St. Clair Local Health Integration Network

Statement of cash flows
year ended March 31, 2015

	2015	2014
	$	$
Operating transactions		
Annual surplus	-	-
Less items not affecting cash		
Amortization of tangible capital assets	**163,270**	157,161
Amortization of deferred capital contributions (Note 5)	**(163,270)**	(157,161)
Changes in non-cash operating items		
Due from MOHLTC	**(5,330,100)**	(211,900)
Accounts receivable	**2,896**	(17,789)
Accounts payable and accrued liabilities	**(55,346)**	113,536
Due to MOHLTC	**(94,667)**	144,340
Due to HSPs	**5,330,100**	211,900
Due to LHIN Shared Services Office	**3,411**	(3,107)
Prepaid expenses	**1,574**	(25,991)
	(142,132)	210,989
Capital transaction		
Acquisition of tangible capital assets	**30,549**	339,427
Financing transaction		
Deferred capital contributions received (Note 5)	**(30,549)**	(339,427)
Net (decrease) increase in cash	**(142,132)**	210,989
Cash, beginning of year	**835,963**	624,974
Cash, end of year	**693,831**	835,963

The accompanying notes to the financial statements are an integral part of this financial statement.

1. Description of business

The Erie St. Clair Local Health Integration Network was incorporated by Letters Patent on June 2, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the Local Health System Integration Act, 2006 (the "Act") as the Erie St. Clair Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

The LHIN has also entered into an Accountability Agreement with the Ministry of Health and Long Term Care ("MOHLTC"), which provides the framework for LHIN accountabilities and activities.

Commencing April 1, 2007, all funding payments to LHIN managed health service providers in the LHIN geographic area, have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized Health Service Providers ("HSPs") are expensed in the LHIN's financial statements for the year ended March 31, 2015.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers the Municipalities of Essex, Lambton and Chatham-Kent. The LHIN enters into service accountability agreements with service providers.

The LHIN is funded by the Province of Ontario in accordance with the Ministry-LHIN Performance Agreement ("MLPA"), which describes budget arrangements established by the MOHLTC. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to HSPs, effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the LHIN. Throughout the fiscal year, the LHIN authorizes and notifies the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the HSP. The cash associated with the transfer payment does not flow through the LHIN bank account.

The LHIN financial statements do not include any MOHLTC managed programs.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian generally accepted accounting principles for governments as established by the Public Sector Accounting Board ("PSAB") of the Chartered Professional Accountants of Canada ("CPA"). Significant accounting policies adopted by the LHIN are as follows:

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, resources are consumed, and they are measurable. Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of tangible capital assets.

2. Significant accounting policies (continued)

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. Unspent amounts are recorded as payable to the MOHLTC at period end. In addition, certain amounts received are used to pay expenses for which the related services have yet to be performed.

Deferred capital contributions

Any amounts received that are used to fund expenses that are recorded as tangible capital assets, are recorded as deferred capital contributions and are recognized as revenue over the useful life of the asset reflective of the provision of its services. The amount recorded under "revenue" in the statement of operations, is in accordance with the amortization policy applied to the related capital asset recorded.

Segment disclosures

A segment is defined as a distinguishable activity or group of activities for which it is appropriate to separately report financial information. Management has determined that existing disclosures in the statement of operations and within the related notes for both the prior and current year sufficiently discloses information of all appropriate segments and, therefore, no additional disclosure is required.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Significant items subject to such estimates and assumptions include valuation of accrued liabilities and useful lives of the tangible capital assets. Actual results could differ from those estimates.

Tangible capital assets

Tangible capital assets are recorded at cost. Cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of capital assets. The cost of capital assets contributed is recorded at the estimated fair value on the date of contribution. Fair value of contributed tangible capital assets is estimated using the cost of asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the tangible capital asset would be recognized at nominal value.

Maintenance and repair costs are recognized as an expense when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a tangible capital asset are capitalized. Computer software is recognized as an expense when incurred.

Tangible capital assets are stated at cost less accumulated amortization. Tangible capital assets are amortized over their estimated useful lives as follows:

Office equipment	5 years straight-line method
Computer equipment	3 years straight-line method
Leasehold improvements	5 years straight-line method

For assets acquired or brought into use during the year, amortization is provided for a full year.

3. Related party transactions

LHIN Shared Service Office and LHINC Collaborative

The LHIN Shared Services Office (the "LSSO") is a division of the Toronto Central LHIN and is subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO, on behalf of the LHINs is responsible for providing services to all LHINs. The full costs of providing these services are billed to all the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHINs at the year end is recorded as a receivable (payable) from (to) the LSSO. This is all done pursuant to the shared service agreement the LSSO has with all the LHINs.

The LHIN Collaborative (the "LHINC") was formed in fiscal 2010 to strengthen relationships between and among health service providers, associations and the LHINs, and to support system alignment. The purpose of LHINC is to support the LHINs in fostering engagement of the health service provider community in support of collaborative and successful integration of the health care system; their role as system manager; where appropriate, the consistent implementation of provincial strategy and initiatives; and the identification and dissemination of best practices. LHINC is a LHIN-led organization and accountable to the LHINs. LHINC is funded by the LHINs with support from the MOHLTC.

Enabling Technologies for Integration Project Management Office

Effective February 1, 2012, an agreement was formed with Erie St. Clair, South West, Waterloo Wellington and Hamilton Niagara Haldimand Brant LHINs (the "Cluster") in order to enable the effective and efficient delivery of e-health programs and initiatives within the geographic area of the Cluster. Under the agreement, decisions related to the financial and operating activities of the Enabling Technologies for Integration Project Management Office are shared. No LHIN is in a position to exercise unilateral control.

The LHIN's financial statement reflects its share of the MOHLTC funding for Enabling Technologies for Integration Project Management Offices for its Cluster and related expenses. During the year, the LHIN received funding from South West LHIN of $510,000 (2014 - $852,000). The LHIN had a contract and retained services of the Transform Shared Service Organization ("Transform"). All funds were expended.

4. Deferred capital contributions

	2015	2014
	$	$
Balance, beginning of year	**518,670**	336,404
Capital contributions received during the year	**30,549**	339,427
Amortization for the year	**(163,270)**	(157,161)
Balance, end of year	**385,949**	518,670

5. Tangible capital assets

			2015	2014
	Cost	**Accumulated amortization**	**Net book value**	Net book value
	$	**$**	**$**	$
Office equipment	**804,021**	**606,141**	**197,880**	238,208
Computer equipment	**210,259**	**210,056**	**203**	34,090
Leasehold improvements	**908,147**	**720,281**	**187,866**	246,372
	1,922,427	**1,536,477**	**385,949**	518,670

6. Budget figures

The budget was approved by the Government of Ontario. The budget figures reported in the statement of operations reflect the initial budget at April 1, 2014. The figures have been reported for the purposes of these statements to comply with PSAB reporting requirements. During the year the government approved budget adjustments. The following reflects the adjustments for the LHIN during the year:

The final HSP funding budget of $1,142,748,286 is derived as follows:

	$
Initial budget	**1,084,356,528**
Adjustment due to announcements made during the year	**58,391,758**
	1,142,748,286

The final LHIN budget, excluding the HSP funding, of $6,374,305 is derived as follows:

	$
Initial budget	**6,396,800**
Change in funding from the MOHLTC during the year	**234**
Amount treated as capital contributions made during the year	**(22,729)**
	6,374,305

7. Transfer payments to HSPs

The LHIN has authorization to allocate funding of $1,142,748,286 (2014 - $1,123,759,065) to various HSPs in its geographic area. The LHIN approved transfer payments to various sectors in 2015 as follows:

	2015	2014
	$	$
Operation of hospitals	**681,438,461**	689,900,515
Grants to compensate for municipal taxation - public hospitals	**172,500**	172,500
Long-term care homes	**211,414,580**	195,821,372
Community care access centres	**138,215,563**	130,322,363
Community support services	**21,234,346**	20,743,340
Assisted living services in supportive housing	**11,567,616**	9,460,183
Community health centres	**31,402,849**	31,630,431
Community mental health addictions programs	**11,751,851**	11,637,690
Community mental health programs	**35,550,520**	34,070,671
	1,142,748,286	1,123,759,065

The LHIN receives money from the MOHLTC and in turn allocates it to the HSPs. As at March 31, 2015, an amount of $5,570,500 (2014 - $240,000) was receivable from the MOHLTC and payable to HSPs. These amounts have been reflected as revenue and expenses in the statement of operations and are included in the table above.

8. General and administrative expenses

The statement of operations presents the expenses by function. The following classifies general and administrative expenses by object:

	2015	2014
	$	$
Salaries and benefits	**3,124,200**	3,044,200
Occupancy	**279,828**	307,964
Amortization	**163,271**	157,161
Shared services	**320,555**	283,283
Public relations	**29,519**	22,522
Consulting services	**53,954**	56,223
Supplies	**25,793**	31,516
Board Chair per diems	**36,575**	15,375
Board member per diems	**26,850**	47,600
Board member expenses	**47,422**	48,346
Obstetrics expert panel	**92,183**	
Mail, courier and telecommunications	**47,739**	62,253
LHIN collaborative	**37,721**	38,264
Other	**187,710**	239,143
	4,473,320	4,353,850

9. Project Initiatives

The LHIN received funds for various project initiatives reported in the statement of operations. Details of expenses incurred in relation to the Diabetes Regional Coordination Centres are as follows:

	Budget	2015	2014
	$	$	$
Salaries and benefits	**715,480**	**638,021**	665,210
Operating expenses	**172,848**	**210,657**	201,844
General and administrative expenses	**888,328**	**848,678**	867,054
One-time expenses - Capital Purchases	**-**	**-**	121,909
	888,328	**848,678**	988,963

The unspent amount of $39,650 is repayable to the MOHLTC (Note 10 a).

Expenses incurred in respect of all other initiatives were for professional services.

10. Funding repayable to the MOHLTC

In accordance with the MLPA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC.

In accordance with the TPA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to MOHLTC.

a) The amount repayable to the MOHLTC related to current year activities is made up of the following components:

	Funding received	Eligible expenses	2015 Excess funding	2014 Excess funding
	$	$	$	$
Transfer payments to HSPs	**1,142,748,286**	**1,142,748,286**	**-**	-
LHIN operations	**4,325,444**	**4,310,050**	**15,394**	3,913
Project Initiatives				
French Language Health Planning Entities Fund	**425,533**	**425,533**	**-**	-
Critical Care Lead Fund	**75,000**	**75,000**	**-**	-
Primary Care Lead Fund	**75,000**	**75,000**	**-**	-
Emergency Department Lead	**75,000**	**74,066**	**934**	567
Diabetes Regional Coordination	**888,328**	**848,678**	**39,650**	146,165
Enabling Technologies	**510,000**	**510,000**	**-**	-
	1,149,122,591	**1,149,066,613**	**55,978**	150,645

b) The continuity of the amount due to the MOHLTC at March 31 is as follows:

	2015	2014
	$	$
Due to MOHTLC, beginning of year	**150,645**	6,305
Funding repayable to the MOHLTC related to current year activities (Note 10a)	**55,978**	150,645
Amounts repaid to MOHLTC during the year	**(150,645)**	(6,305)
Due to MOHLTC, end of year	**55,978**	150,645

11. Pension agreements

The LHIN makes contributions to the Healthcare of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 32 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2015 was $272,398 (2014 - $262,561) for current service costs and is included as an expense in the statement of operations. The last actuarial valuation was completed for the plan as at December 2014. Currently, the plan is fully funded.

12. Guarantees

The LHIN is subject to the provisions of the *Financial Administration Act*. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favor of third parties, except in accordance with the *Financial Administration Act* and the related Indemnification Directive.

12. Guarantees (continued)

An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the *Local Health System Integration Act*, 2006 and in accordance with s. 28 of the *Financial Administration Act*.

13. Commitments

The LHIN has funding commitments to health service providers associated with accountability agreements. The LHIN had the following funding commitments as of March 31, 2015.

	$
2016	382,395,862
2017	207,813,982

The LHIN also has commitments under various operating leases related to building and equipment, which will be renewed in accordance with standard lease terms. Minimum lease payments due in each of the next five years are as follows:

	$
2016	322,541
2017	322,541
2018	322,541
2019	316,241
2020	303,610